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ABSTRACT

The paper discusses the social and sexual developmental needs of disabled students, who are often viewed as asexual beings, and describes ways counselors can help disabled students recognize and fulfill such needs. The human needs of the handicapped student are described at three life stages. In the developmental years, from infancy to 5 years, the child has such needs as to be emotionally loved, to be physically loved and held, to receive social skill training, and to play with children his or her own age. In the formative years, covering age 6 to 13 years, the child needs to develop a positive self-concept, to clarify values, to develop appropriate social and sexual behavior, to be able to talk with parents about sexuality and social concerns, etc. The third stage, adolescence (age 14 to 19 years), is a time for further development of the student's sexual identity and positive body image. Counseling strategies involve being aware of the students' social and sexual needs; being aware of one's own attitudes and consequent behaviors; encouraging interaction between the counselor and special education teachers, parents, and families; and encouraging social interaction between disabled and able-bodied students at school. (JDD)

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MEETING THE SOCIAL AND SEXUAL NEEDS OF DISABLED STUDENTS: A COUNSELING CHALLENGE

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Abstract

This paper addresses the social and sexual needs of disabled students who are often viewed as asexual beings. Strategies will be presented that will enable counselors to help disabled youth recognize and handle their social and sexual needs and problems.

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Overview

The social and sexual developmental needs of disabled students have often been overlooked by counselors, teachers, parents, and the medical profession. Many parents consider children disabled from birth to be incapable of ever developing social or sexual relationships (Goldberg, 1981; Buscaglia, 1975). The disabled child may learn from the reaction of the parents that his or her body is ugly and sexually unattractive. The disabled student's social and sexual needs are just as intact as those of the able-bodied student. However, the effects of a mental or physical disability influences all areas of the student's life. In addition to the usual developmental tasks, disabled students must make complex adjustments to themselves, their handicapping condition, and their immediate world (Battle, 1974).

Professionals in pediatrics and social work have shown increasing interest in counseling families of disabled children. The professions have come to recognize the potential stresses that can exist in families when a handicapped child is present (Seligman, 1985). Regrettably, school and rehabilitation counselors have not kept pace with professionals in other fields; articles focusing on parents and needs of disabled students are just beginning to appear in counseling journals (Seligman, 1983; Wasserman, 1983; Cottone & Handelsman, 1986; Power & Dell Orto, 1986).

Disability, Handicap, and Illness Defined

This paper will discuss the social and sexual developmental needs of disabled students and ways counselors and educators may help disabled students recognize and fulfill such needs so that they will become well adjusted adults. At times sexual needs are expressed through socialization; or the development of social needs are often a forerunner to sexual development. The disabled student

is prevented from taking part in the normal course of human interaction that comprises the process of socialization because of two barriers (Battle, 1974; Richardson, 1963). The first barrier results from the physiological limitations inherent in the condition, e.g., the student can't see or can't walk. The second barrier is a consequence of the psychological and social limitations on the part of the student as a result of the effects of the handicap and at a consequence of negative attitudes and reactions of able-bodied students towards the disabled student. Disability is a social phenomenon which will affect the disabled students interpersonal relationships. Differences, of any sort, do create social responses which can lead to discrimination, rejection, and relegation to inferior social status (Buscaglia, 1975).

In developing counseling programs for disabled students it is important for counselors to understand the terms illness, disability and handicap. Illness refers to an active disease process. Disability refers to any residual impairment of physiological, anatomical, or psychological functioning that results from an illness, injury, or birth defect. Disability is defined in terms of individual functioning and, assuming there is no longer an active disease process, is relatively unchanging for a given individual. Also, disability is a condition of impairment, physical or mental, having an objective aspect that can usually be described by a physician. Thus, it makes sense to speak of "a disabled person". Handicap refers to the interference a disability creates in an individual's efforts to perform in a given life area. It is defined in terms of social consequences and may vary greatly, depending on what the person is trying to do (Vash, 1981; Rubin & Roessler, 1983).

Principal Social Events and Stages

This paper will focus on human needs of three social events in a student's

life: (1) birth, (2) entering school, and (3) the onset of adolescence and the socially developmental times following the social event. The stages discussed will be: 1) Developmental years (infancy to 5 years), b) Formative years (age 6 to 13 years), and 3) Adolescence (age 14 to 19 years). The social and sexual developmental needs of a disabled student begins at birth. The infant's sexual identity is proclaimed by the doctor saying, "It's a girl" or "It's a boy." However, the normal jubilation over the birth of a child is thwarted by the surprising news that the child may be disabled. The parents' initial reaction to the news that their child is disabled is often shock and disbelief (Faigel, 1966; Howell, 1973; MacKeith, 1971). Depending on their reaction to the news, parents may continue to meet the infant's social needs or reject the child. During this time of adjusting to their disabled infant, it is important that the parents receive counseling and emotional support so that they will be better able to cope with the disabled child at home. After the shock or disablement has worn off, parents may experience confusion, anger, guilt, fear, and disappointment (Pearson & Sternberg, 9186; Vash, 1981). As the parents will be the main socializing agent for the child, it is important that they work through their feelings, via counseling, so that they can be effective parents, not only to the disabled infant but to other siblings who may be in the home.

The child's siblings should be encouraged to love and play with their disabled sister or brother just as if he/she were able-bodied. It is important for the disabled child to have positive and frequent interaction with siblings so that close relationships will develop. Finally, also important in the social development of the child is the individual sex role development. The child comes to learn his/her sex role through psychological identification with the parents of the same sex. For sexual identity and development to occur, it is important for

the disabled child to have opportunities to imitate the parent through play. If the parent of the same sex is missing from the home or if the child's disability prevents him/her from imitating activities, it is important for substitute activities to be created and for the child to have contact with identification figures of the same sex. If the disabled child requires day care, the parents should carefully select a day care or pre-school center which will meet the child's developmental needs.

The social and sexual developmental needs are just as important for the disabled child as for the able-bodied child during the pre-school years at home. It is important that the child be loved and accepted by all members of the family. Parents and siblings should create adaptations which will allow for socialization experiences. The disabled child's normal mechanics of socialization are thwarted such as crawling and exploring on the floor. In addition, cognitive stimuli and development are often ignored. With passage of the Education for All Handicapped Children Act (PL94-142) and implementation of Section 504 of the Rehabilitation Act of 1973, more disabled students have been attending regular elementary and secondary schools (Nathanson, 1979). Counselors in all areas of the discipline are mandated by federal laws to meet the needs of disabled students.

The Developmental Years

The first five years of life in the child have been referred to as the developmental years, a span of time ranging from infancy to five years of age. It is important for the following social and sexual developmental needs of the disabled child to be met during this time:

Developmental Years—Infancy to Five Years of Age

1. Need to be emotionally loved.
2. Need to be physically loved, touched, and held.
3. Need to have their disability accepted and understood by parents and siblings.
4. Need to become aware of their own sexual identity.
5. Need to develop a positive attitude toward all parts of their bodies.
6. Need to establish their individual identity within the family.
7. Need to play with children their own age.
8. Need positive interaction with siblings.
9. Need to receive basic cognitive and language development.
10. Need to receive social skill training.

The Formative Years

As birth is the child's first social event of life, entering school is the second main social event in the disabled student's life. It is important that the child be well placed into a sound program which will meet his/her needs. In addition, the student should be prepared for entering school by his/her parents. The transition from home to school will be a challenge to the disabled child who may have been more sheltered during the pre-school years than the able-bodied child. During the elementary school years, the social and sexual needs of the student will continue to be driving forces. The student will have the opportunity to identify with children of his/her same sex and socialize with other children, teachers, and school officials. The child must have opportunities to develop independence and a positive self-concept which are the core of personal social adjustment. Teachers must foster independence and self-confidence in the student.

During the school years which range from ages five through eighteen, it is important for the family to continue to love and support the disabled student.

Effective school, career education, and work programs will enhance the development of a dependent student to an independent adult. It is important that the student's social skills be developed so that he/she will be able to be productive in whatever career is undertaken. Career and work experience is an excellent training ground for social development. The social development years from age six to thirteen have been referred to as the Formative Years. It is important for a child's main social and sexual developmental needs to be met by the time he or she is in adolescence. The following needs should be met during the Formative Years:

Formative Years—Six to Thirteen Years of Age

1. Need to develop a positive self-concept.
2. Need to continue to receive love and support from family.
3. Need to be able to talk with parents about sexuality and social concerns.
4. Need to develop a positive attitude toward learning.
5. Need to have successes in academic situations.
6. Need to explore career future.
7. Need to clarify values.
8. Need to have success in pre-vocational activities.
9. Need to receive accurate sexual information.
10. Need to develop appropriate social and sexual behavior.
11. Need to develop a positive sexual identity.
12. Need opportunities to develop friendships with peers of both sexes.
13. Need to develop interpersonal skills.

Adolescence

The third social developmental event in the student's life is the onset of adolescence (Goldberg, 1981; Kratovil & Bailey, 1986). As the disabled child enters adolescence, new challenges occur in social and sexual development. The emergence

of basic drives of aggression and sexuality will cause confusion within the child; conflicts between independence and dependence occur. During the adolescent years, the aggressive drive is reinforced by changes in the indoctrinate system and accelerated physical development. Anti-social problems may be of a particular problem in behavior-disordered youth (Goldberg, 1981).

For the disabled student the adolescent years are crucial to how they will develop into an adult. Until the time of adolescence, the student's parents may have treated him/her as an asexual being. It is important for parents to see their child as an emerging sexual being. Parents who have had repressive and controlling attitudes should be referred to counseling or parent support groups. They should know that their disabled adolescent son or daughter needs his/her own sexual identity and needs to have a positive body image. In addition, the adolescent's questions and concerns about his/her body and sex should be addressed. Adolescence is a strategic time for school counselors to help disabled student develop their sexual identities. Traditionally school counselors have focused their attention on able-bodied students while relegating the problems of disabled students to special education teachers. Junior high school counselors may want to develop short-term group counseling sessions whereby small groups of disabled students may clarify their feelings and values regarding sexuality.

Social and Sexual Concerns of Students

Some of the special social concerns disabled students may want to talk about with their counselors include ways to have meaningful relationships with peers, appropriate behavior when dating, ways to relax, ways to have privacy, ways to develop social skills, and ways to develop a positive self-concept. Furthermore, students may want to talk with their counselors about such sexual concerns as appropriate times and places for masturbation, understanding of menstruation and

personal hygiene, and accurate information regarding sex education and birth control. Counselors should be sensitive to disabled students' needs and problems by developing counseling strategies which will result in effective helping relationships.

Counseling Strategies

In addition to being aware of the social and sexual needs of disabled students, there are other counseling modus operandi which will enable counselors to be successful when working with these special populations. School counselors must be aware of their own attitudes and consequent behaviors if they are to work effectively with disabled students. School counselors and other counseling professionals are not immune to bias or prejudice about disabled clients. If students with disabilities are to be successfully integrated into the educational mainstream, the attitudes of school counselors and all school personnel will require continual attention and possible modification (Nathanson, 1979).

School counselors need to achieve a dialogue with special education teachers. Counselors may want to conduct an inservice with special education teachers about services they can provide to disabled students. In addition, counselors need to encourage interaction with parents and families of disabled students. Parents and families of disabled students are often in need of counseling or family therapy in dealing with the stresses involved in having a disabled child in the family. Parents of disabled students require good communication with teachers, counselors, and school administrators. School counselors need to involve community rehabilitation counselors with disabled students while they are still enrolled in school. In addition, school counselors may want to conduct seminars on job seeking skills training for both disabled and able-bodied students. Finally, counselors should encourage social interaction between disabled and able-bodied students at school.

Conclusion

In conclusion, this paper has discussed various social and sexual developmental needs of disabled students. These needs may differ depending upon whether or not the child is born disabled or becomes disabled during childhood. It is important that the child's social and sexual needs be addressed by counselors, teachers, parents, and medical professionals. The three principal social and sexual developmental stages in the life of a disabled student are the developmental years, formative years and adolescence. The ways in which the challenges of the above three stages are met will affect the student's development into adulthood.

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